POPULATION TODAY

Vol. 16, No. 3 March 1988

FEATURES

3 National AIDS survey being planned by NCHS
1989 household survey to gather blood and responses

5 Colombian women now have 3.4 children on average
Fertility has dropped by half in less than two decades, new survey finds

5 Robert J. Lapham (1929-1988)

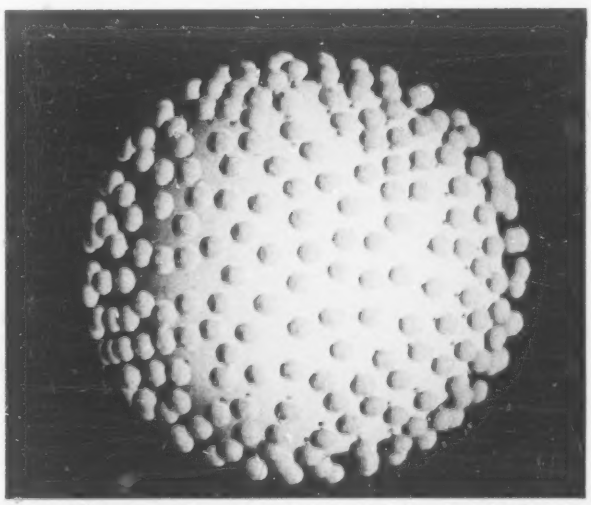
6 The world's nearly 1 billion Moslems
Their beliefs affect their demography

10 New Visiting Scholar to study U.S. urban changes

12 Malaysia wants to quadruple population
Asian nation with declining fertility seeks 70 million people

DEPARTMENTS

2 From the editor's desk
2 Speaking graphically
5 Survey report (Colombia)
6 Demographer's page
8 Letter to the editor
8 Positions/professionals
9 Population update
9 Softwhere
10 Take a number
11 Current readings
12 Spotlight (Malaysia)



National Institutes of Health

Computer model image of a Human Immunodeficiency Virus. (See page 3.)

PRB *A publication of the Population Reference Bureau, Inc.*

FROM THE EDITOR'S DESK

It's not a front-page issue, but in the last few years some commentators have expressed a concern about world demographic trends: that the more developed countries (MDCs) might suffer a loss of geostrategic parity vis à vis the less developed countries (LDCs) because of the MDCs' meager, slowly growing population numbers.

Even if the MDCs (1987 population: 1.2 billion) promptly adopt pronatalist policies, however, they still face an uphill demographic battle.

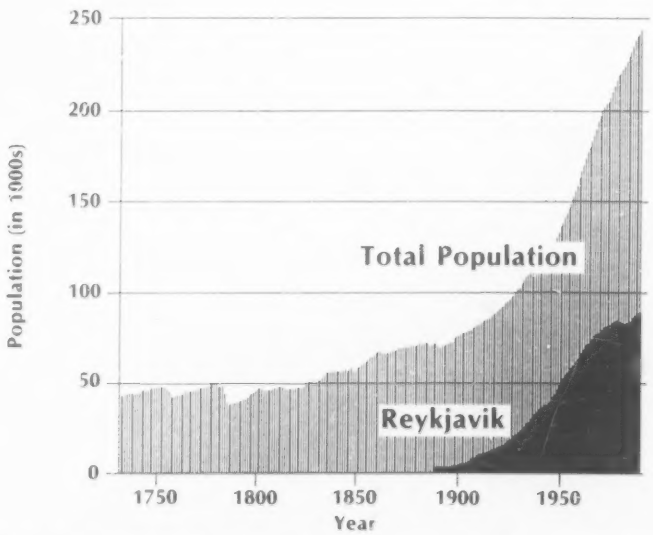
The reason: the LDC demographic "bench" has too much depth. Not only because of the LDCs' large total (1987 population: 3.8 billion) but because during the next few decades, successively larger cohorts of LDC women will reach the reproductive ages of 15-49 years. In 1985, not only was 68 percent of world population LDC, but the LDC regions contained 81 percent of the world's females less than 15 years old. It's these LDC females' fertility that will decide future MDC-LDC ratios.

Besides, if LDC leaders themselves ever embrace the idea of hegemony through natural increase, they might start worrying about any slippage in *their* share of geostrategic parity. But then, thanks to their countries' caches of young cohorts, all these leaders would have to do is slightly advance the spark on their national pronatalist incentives, and – voilà – a population gap more to their liking. You didn't really think the MDCs were going to steal a fertility march on the LDCs, did you?

– Art Haupt

SPEAKING GRAPHICALLY

Icelandic History on the Line



Iceland is a classic (and well recorded) example of a country making the transition from preindustrial high fertility to the low fertility of modern times. During the 17th and 18th centuries, though, it suffered heavily from the predations of pirates, epidemics, volcanic eruptions, and economic depression. Despite high fertility (estimated at about 5 children per woman in the 1850s), the demographic results of these disasters can be seen in the slightly sawtoothed graph above showing total population between 1734 and 1987.

POPULATION TODAY

VOL. 16, NO. 3 March 1988

POPULATION TODAY, the newsmonthly of population and demography, is published 11 times a year (a combined issue in July/August) by the Population Reference Bureau, Inc., founded in 1929, a nonprofit organization engaged in the objective dissemination of population information. The views and opinions of POPULATION TODAY's contributors are their own and do not necessarily reflect those of PRB.

Editor: Arthur Haupt
Demographic Editor: Carl Haub
Book Review Editor: Denise Dowdell
Contributing Editors: Mary Kent (Survey Report); David Lamphere (Softwhere); Wendy Patriquin (Spotlight); Nazy Roudi (Population Update)
Consulting Editors: Thomas W. Merrick; Janine Adams; Roberta Yared; Alexander von Cube
Director of Publications: Stephen M. Goldstein
Production Assistant: Tracey A. Smith
Circulation Director: Jacki Majewski
Manager of Development: Schuyler Richardson

Editorial and Circulation Offices:
Population Reference Bureau, Inc.
777 14th St., NW, Suite 800
Washington, D.C. 20005
(202) 639-8040

Reprint Permission: Material from POPULATION TODAY may be reproduced freely, provided that credit is given to "POPULATION TODAY, Population Reference Bureau, Inc." and a copy of the publication in which the material appears is forwarded to PRB.

Back Issues: Back issues of POPULATION TODAY and its predecessor INTERCOM are available in limited quantities from PRB for $2.00 per copy.

Mailing: Printed in Washington, D.C. Mailed nonprofit postage rate in the United States; printed matter surface rate to Canada, Mexico, and to foreign subscribers.

Address Changes: Send current PRB address label and new address; please allow eight weeks for change.

© 1988 by the Population Reference Bureau, Inc.

ISSN 0749-2448

PRB MEMBERSHIP

In addition to POPULATION TODAY, PRB members receive annually four in-depth POPULATION BULLETINS, two wall charts (the WORLD and UNITED STATES POPULATION DATA SHEETS), the quarterly population education newsletter, INTERCHANGE, with two accompanying teaching modules, and POPULATION TRENDS AND PUBLIC POLICY papers as they appear.

	U.S.	Outside the U.S.
Individual	$40	$50
Educator* (30% discount)	28	35
Student* (50% discount)	20	25
Library/nonprofit organizations	50	65
Other organizations	250	315

*Educators and students should send supporting documentation.

Conducting the AIDS Survey

AIDS (Acquired Immune Deficiency Syndrome) has "the greatest fatality rate – 93 percent – that I've ever come across in human history" (U.S. Surgeon General Everett Koop). But after seven years, and with 52,975 U.S. cases as of Feb. 15, 1988, the statistical extent of this devastating epidemic is still a largely unknown quantity.

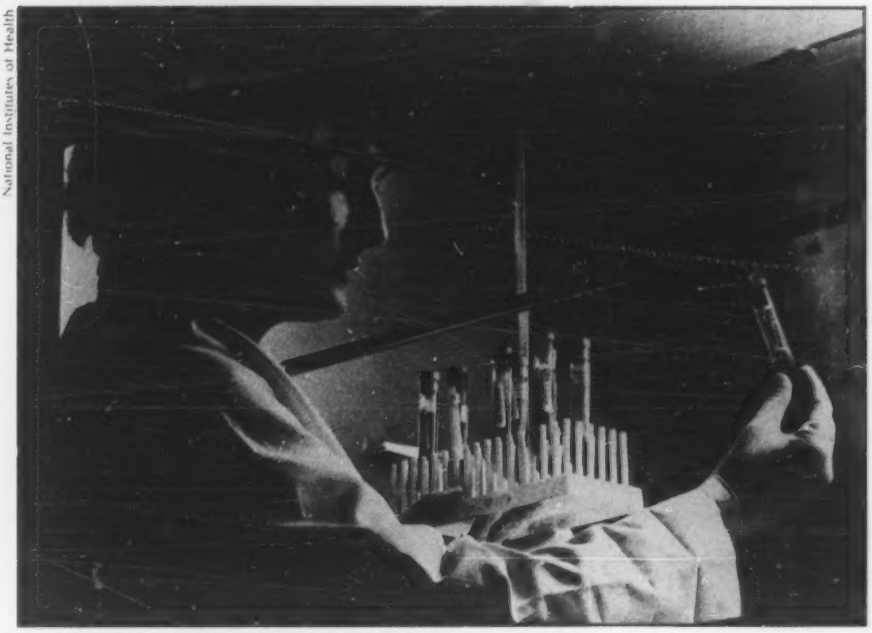
Active AIDS cases are only the tip of the iceberg; a much larger number of people – perhaps more than a million, no one knows – are estimated to be infected with the Human Immunodeficiency Virus (HIV) that causes AIDS, though this "hidden" AIDS population shows no AIDS symptoms and again, no one knows what proportion will ultimately develop the disease. Little is known period about the statistics of AIDS prevalence, but without these data, health providers will be hard-pressed to determine how AIDS moves through the population and how to concentrate resources to fight it.

To gather these crucial data, President Reagan in June 1987 directed the Dept. of Health and Human Services "to carry out a comprehensive program to determine the nationwide incidence of [AIDS] and to predict its future occurrence and to initiate epidemiologic studies to determine the extent to which HIV has penetrated the various segments of our society."

The survey is to be conducted starting in July 1989 by the National Center for Health Statistics (NCHS), which is organizationally under the Centers for Disease Control in the U.S. Public Health Service. The NCHS survey will canvass a large (50,000) sample of the entire U.S. population. It will include completing a questionnaire and taking blood samples.

The idea of such a survey has already proven controversial, and commentators have envisioned it in terms of a stranger on the doorstep greeting the householder with: "Hello, I'm from the U.S. Government and I've got this needle." But NCHS officials are aware of the potential problems of a survey on such a sensitive subject and are devising plans to encourage response.

National Institutes of Health



Surveying the U.S. populations for AIDS will be a challenge.

Solid Numbers Needed

The crucial statistical parameters of AIDS remain shrouded in mystery; specifically, the *numerators* compared with their corresponding *denominators*. If these related numbers were known with some certainty, the all-important rates of incidence and prevalence would rapidly become clear, but so far they remain unknown.

One numerator/denominator pair is the rate of HIV-infected cases as a proportion of the population at risk. To date, no one has a good handle on either of these figures. But if they were both known with some precision – broken down by sex, age, location, ethnic group, and sexual orientation – it would then be possible to ascertain how contagious the virus actually is.

Another numerator/denominator pair is simply the number of people with active cases as a proportion of the HIV-infected population. While the active AIDS patient population is known, the symptomless HIV-infected population, while largely unknown to itself and to researchers, is assuredly many times the size of the active AIDS population. At a Public Health Service AIDS conference in 1986, health and medical specialists used rough and ready estimates of the at-risk populations and their rate of infection to make a very approximate estimate of the U.S.'s HIV-infected population, which they pegged at between 1 million to 1.5 million.

Still another unknown: the proportion of HIV-infected people who will ultimately develop active AIDS cases over time. Whether the development is 20-30 percent, as some researchers think, or ultimately 100 percent, a view held by others, projecting the ultimate course of AIDS in the U.S. population would be much easier if we had an estimate of the rate of incidence.

Data Are Scarce

If solid numbers were established for these variables, treatment and prevention programs could be targeted most efficiently on the groups most at risk. Further, we would finally have a statistical understanding of the broad outlines of the AIDS threat and its projected future – an understanding that is now lacking.

The present body of knowledge about AIDS incidence and prevalence

Continued on next page

AIDS

Continued from preceding page

in the U.S. remains sketchy. In a recent review, NCHS summarized the data from surveys taken thus far as follows:

- Prevalence in homosexual and bisexual men in 50 surveys ranges from less than 10 percent to as high as 70 percent, with most findings falling in the 20-50 percent range.
- Heterosexuals who have HIV-infected sexual partners contract the disease at a rate ranging from 10 percent to 60 percent.
- Applicants for military service continue to average about 0.15 percent HIV-positive, though whether this two-year trend is a result of a leveling off or of self-selection is hard to say.
- Red Cross blood donors not previously tested average 0.043 percent HIV-positive.
- Cohort studies of homosexual males conducted by the National Institutes of Health show a dramatic decline in incidence rates of HIV infection, from 10-20 percent incidence in 1983 to 1-2 percent or less in 1986. These results, and recent drops in some sexual-disease incidence, may indicate a change in sexually active persons' sexual behavior.
- Estimates of progression of the disease vary. The mean interval from infection with HIV to the onset of AIDS apparently exceeds seven years.

Resistance to Tests

How to sift the national population for AIDS has become a potent public health and political issue. At this time, all military service applicants and immigrants are tested by the federal government, and three states require testing of couples applying for marriage licenses. Some politicians have called for mandatory testing of U.S. residents, though such a policy would probably raise civil rights questions.

Those on the other side of the debate have argued that compulsory testing of everyone might result in pointless testing of vast numbers of people in low-risk groups, while driving underground the high-risk population for AIDS (mostly homosexuals and intravenous drug users and their partners).

While the parallel is sometimes drawn between AIDS and more typical public health threats such as traditional sexually transmitted diseases, AIDS differs from them in that the disease results in death (unlike some STDs, it cannot be cured with a shot of penicillin) and is perceived by homosexuals to have been accorded a special social stigma by society at large (so that, according to this view, the information would be more likely to be used to discriminate against them than used for their benefit).

It is against this background that the launching of an AIDS survey, and how to conduct it, is set.

Planning an AIDS Survey

Pursuant to President Reagan's directive, the nationwide household HIV survey is now being planned by NCHS. The survey is slated to begin in July 1989 and will be a random sample, household-based survey, covering 50,000 persons over the succeeding six to nine months. It will be entirely conducted by a private contractor yet to be chosen. Results will be released in early to mid-1990.

How to conduct such a sensitive survey? It seems likely that respondents will first be approached via letter, urging them to participate and stressing both the Public Health Service's authority to carry out such a survey and the legally mandated confidentiality of survey data. A follow-up phone call may or may not ensue prior to the arrival of the one or two interviewers, who will assuredly include a phlebotomist qualified to draw blood. The survey will consist of a questionnaire and a blood sample. One adult 18-54 years old per household will be surveyed. The entire survey should be completed in 10 minutes.

Needless to say, the success of the survey will depend on the cooperation of the respondents, who after all will be volunteers. Establishing rapport with community groups will be part of the process, and pilot studies in selected areas will test the most fruitful methods for achieving this. A national survey of the public's AIDS attitudes conducted by NCHS in August 1987 showed that 69 percent of respondents said they would cooperate with an AIDS survey.

Significant nonresponse would raise the possibility that high-risk survey subjects were deselecting themselves from the survey. (For Census Bureau surveys, response rates customarily range above 90 percent.) To preclude this, the survey may oversample people geographically or demographically who were likely to be in high-risk subgroups. Steps will also be taken to involve representatives of those subgroups in the planning and implementation of the survey, in order to assure trust and maximum participation.

One pilot study will test confidential versus anonymous surveying. In a confidential survey, the respondent's identity would be known but his/her confidentiality assured by the interviewer; in an anonymous survey, the respondent would remain anonymous with no identifying link between the respondent and his/her test result.

NCHS would prefer to conduct a confidential survey, as experience has suggested that the difference between *confidential* and *anonymous* is hazy to much of the public, and individuals either do trust the process or do not.

The Center "has had very good responses based on confidentiality," according to Peter Hurley, Associate Director of NCHS's Office of Vital and Health Statistics Systems, which is preparing the AIDS survey. After a pilot study and two pretests, NCHS would recommend to the White House's Domestic Policy Council whether or not to proceed with the actual 1989 survey.

From a statistical standpoint, the advantage of a confidential survey over an anonymous one is that the results of a confidential interview can be validated with a re-interview (a common revalidation method for Census Bureau surveys, which also sometimes ask for information that might be considered sensitive).

(One organizational disadvantage of confidentiality is that NCHS would be obligated to provide counseling ser-

Continued on page 10

SURVEY REPORT

Colombia

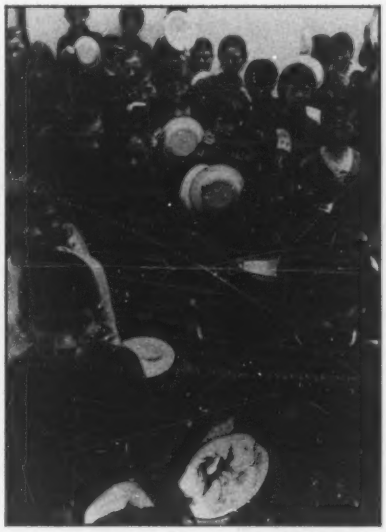
Preliminary results from the 1986 Colombian Demographic and Health Survey (DHS) confirm a continued decline in fertility over the last decade. This finding is based on a sample of 4,480 household interviews and 5,329 individual interviews of women aged 15 to 49 years.

The preliminary report implies that the total fertility rate (TFR), or the average lifetime number of children per woman, fell by 1.4 during the last 10 years, from 4.8, as estimated in the 1976 Colombian Fertility Survey, to 3.4 in 1986. This is half the 1969 TFR measured in Colombia's first national fertility survey.

Use of contraception increased 2 percentage points per year between 1976-1986, rising from 43 percent to 63 percent of currently married women. This is less impressive than the 1969-1976 period when the annual increase was nearly 3 percentage points per year. However, a slowdown was anticipated as the pool of women not using contraception diminishes.

Current use of contraception varied by age: 58 percent of women under 30 and 67 percent women over 30 used contraception. Differentials also occurred relative to parity: 57 percent of women with 0-2 children, 75 percent of women with 3-4 children and 61 percent of women with 5 or more children employed some method. Residence is also a factor: 53 percent of rural and 68 percent of urban women used contraception.

The 1986 survey implies that female sterilization may have replaced the pill as the preferred method among Colombian women. Of the 63 percent of all women surveyed currently using some method, 18 percent employed sterilization, 17 percent the pill, and 10 percent the IUD.



Inter-American Development Bank

Schoolchildren in Cobagote, Colombia.

The pill is most popular among young women of low parity in the central region of the country. The IUD was most prevalent among urban women with a higher level of education. On the other hand, sterilization was employed more often by women with no education (26 percent) than women with secondary-plus education (14 percent).

Regarding reproductive intentions, 70 percent of married women interviewed wanted no more children. The unmet need for contraception is represented by 31 percent of women who indicated a desire for no more children yet were not using any method, a decline from the 50 percent unmet need in 1976. Women with an unmet need for family planning tended to be younger, have less education, and live in the rural Atlantic zone, according to the DHS.

While the above results are preliminary (final results are coming in Spring 1988), they point toward continued change in contraceptive use in the context of a sustained fertility decline across all age groups of women.

– Catherine M. Marquette

Robert J. Lapham (1929-1988)

Robert J. Lapham, a leading specialist on population and international family planning issues, died February 20 after a long illness. He was 58 years old.

At the time of his illness, Lapham was head of the Demographic and Health Surveys program at the Westinghouse Institute for Resource Development in Columbia, Md. He had played a key role in the design and implementation of that project, which is conducting surveys in 35 developing countries, one of which (Colombia) is reported on this page.

Lapham was an active member of the Population Association of America, which he served as Secretary-Treasurer from 1984-87 and as a Board member at the time of his death. A memorial fund in his name is being established by PAA to promote applied demography.

His many other contributions to the field of demography include his path-breaking collaborative work with Parker Mauldin on the mutually reinforcing contributions of family planning program efforts and socioeconomic setting to fertility declines in developing countries.

His career included service as study director for the Committee on Population and Demography for the National Academy of Sciences and 10 years with the Population Council in Tunisia and New York. He was also involved in community service with the Boy Scouts of America and had done relief work in the Middle East for Palestinian refugees over a seven year period with his spouse Virginia.

He was a graduate of the University of Michigan, where he earned B.A., M.A. and PhD degrees, the latter in sociology with emphasis on population. He was a member and generous contributor to the Population Reference Bureau.

– T.M.

DEMOGRAPHER'S PAGE

The Demography of Islam

by Nazy Roudi

The world's Moslems number some 942 million people – about one-fifth of the global population – living in nearly every country. Principally because of high fertility among its adherents, Islam is the fastest growing religion in the world.

Moslems form the majority of populations in 40 nations. Of all the continents, Asia has the highest number of Moslems, totaling over 627 million; Africa has the highest proportion – more than 42 percent. On a regional basis, more than 90 percent of the populations in Southwest Asia and North Africa are Moslem. The populations of Europe, the Americas, and Oceania are 1.8, 0.3, and 0.2 percent Moslem, respectively.

Twenty-eight countries have populations that are more than 90 percent Moslem. The country with the largest single Moslem population? Indonesia, with 140 million out of 175 million.

Across the World

Moslem populations generally have high rates of population growth and fertility. Total fertility rates (TFR) range from a low of 3.3 total children per woman, on average, for Albania (still the highest in Europe), to over 8 in North Yemen. Within populations, fertility differential by religion is more pronounced. Many studies show that Moslems generally have larger families than other religious groups in the same national population.

Moslems form about 23 percent of the less developed world, and 68 percent of them live in rural areas.

Moslems have long disagreed about which of Mohammed's successors is the legitimate leader of the faithful and about aspects of theological interpretation and practice. This has resulted in the division of Moslems into different *mazhab*, or branches.

The overwhelming majority of Moslems are *Sunnis*. There are four schools of jurisprudence in Sunni: *Hanafi, Maliki, Shafe'i, Hanbali*. Another group of Moslems are Shi'as, whose schools are *Zaydi, Imami*, and *Ismaili*. Imami Shi'as are the overwhelmingly dominant sect in Iran. Iraq, where shi'as are about 60 percent of the population, has a Sunni-controlled government. There are two other mazhabs, *Kharijite* and *Zahiri*, to which a small portion of Moslems belong.

Moslems around the world have much in common, but they are not as homogeneous as some may think. As Islam spread from its original home in the Arabian Peninsula in the seventh century, it encompassed people with different languages, cultures, and religions. While Europe lapsed into the Dark Ages, the Islamic empire grew until at its height it stretched from Cordoba and Casablanca in the west to Samarkand and Kabul in the east.

The Mongols brought Islam with them to India, where its influence reached a peak in the 16th century. Between the 17th and 19th centuries, merchants extended Islam to Southeast Asia, principally to the lands that are now Malaysia, Indonesia, and the Philippines. While Islam was sweeping through Asia, it also was spreading through Africa via Moslem traders.

Some converts became "Arab." Most, however, maintained their identities so that today Moslems speak dozens of languages and exhibit many cultures through the 300 or so ethnic groups to which they belong.

Family Planning in Islam

The word Islam means "submission" (to the will of God). Moslems believe that those who make this submission to obey God's laws will live an eternal and enjoyable life in paradise.

Each school of Islam places different emphasis on the different sources of Islamic law – although the Koran always has primacy. In contrast with the Bible, the Koran gives no reference to contraception. But there are large numbers of hadith on contraception, mainly coitus interruptus.

Coitus interruptus was the most common contraceptive method known to man through history before the invention of modern methods. Many Islamic jurists have sanctioned other methods of contraception than coitus interruptus, stipulating that the methods not be harmful or affect the person's future fecundity. Arguments in traditional Jewish and Christian teaching that contraception is an immoral practice never gained ground in Islam.

In *Sex and Society in Islam* (1983), Musallam writes:

> Apart from Ibn Hazam, I have searched in vain for opposition to the basic permission of contraception among writings of Moslem jurists of all the historical Sunni and Shi'a schools of law spanning the period from the birth of Islam to the nineteenth century. Agreement on the sanction of contraception has been so general that we can say the permissive view became a cultural cliché.

Or, in the words of the final report of the first international conference on Islam and Family Planning, held in Rabat, Morocco, in December 1971:

> Family planning is for the spouses [alone to decide] by mutual agreement and without compulsion, to use safe and lawful means to delay or precipitate pregnancy in such a way as to suit their health, social, and economic circumstances, within the framework of responsibility toward their children and themselves.

On abortion, unlike the consensus on the permissability of contraception, important disagreements remain.

All Moslem jurists believe that the fetus becomes a human being after the fourth month of pregnancy (120 days).

Nazy Roudi is a demographer at PRB

The World's Moslem Population by Country

	Pop. 1987 (000s)	% Moslem	Moslem Population (000s)
World	5,026,313	18.7	941,527
Africa	601,351	42.2	253,816
N. Africa	134,769	91.2	122,960
Algeria	23,461	99.0	23,226
Egypt	51,930	91.1	47,308
Libya	3,835	98.0	3,758
Morocco	24,362	99.0	24,118
Sudan	23,525	72.0	16,938
Tunisia	7,562	99.4	7,517
W. Sahara	94	100.0	94
W. Africa	187,367	46.3	86,829
Benin	4,339	16.0	694
Burkina Faso	7,310	44.0	3,216
Cote d'Ivoire	10,767	25.0	2,692
Gambia	760	87.0	661
Ghana	13,949	15.1	2,106
Guinea	6,380	69.3	4,421
Guinea-Bissau	925	38.0	352
Liberia	2,384	21.0	501
Mali	8,423	80.0	6,738
Mauritania	2,007	99.0	1,987
Niger	6,989	87.4	6,108
Nigeria	108,620	45.0	48,879
Senegal	7,064	91.0	6,428
Sierra Leone	3,868	39.5	1,528
Togo	3,229	16.0	517
E. Africa	179,102	21.4	38,314
Burundi	4,999	1.0	50
Comoros	415	99.5	413
Djibouti	312	90.0	281
Ethiopia	45,997	35.1	16,145
Kenya	22,378	6.0	1,343
Madagascar	10,605	2.0	212
Malawi	7,438	16.0	1,190
Mauritius	1,080	17.0	184
Mayotte	64	98.0	63
Mozambique	14,724	13.0	1,914
Reunion	550	2.4	13
Rwanda	6,811	8.6	586
Somalia	7,742	99.0	7,665
Tanzania	23,503	30.0	7,051
Uganda	15,909	6.6	1,050
Zambia	7,135	1.0	71
Zimbabwe	9,372	0.9	84
Middle Africa	61,074	8.7	5,301
Cameroon	10,255	22.0	2,256
Cen. Afr. Rep.	2,700	8.0	216
Chad	4,646	51.0	2,369
Equat. Guinea	340	0.7	2
Gabon	1,195	1.0	12
Zaire	31,796	1.4	445
S. Africa	39,039	1.1	412
South Africa	34,313	1.2	412
Asia	2,930,116	21.4	627,755
Asia less China	1,868,116	32.8	612,249
S.W. Asia	121,399	92.6	112,365
Bahrain	437	99.3	434
Cyprus	681	18.5	126
Gaza	560	98.0	549
Iraq	16,971	96.0	16,292
Israel	4,378	12.5	547
Jordan	3,731	93.0	3,470
Kuwait	1,866	96.0	1,791
Lebanon	3,321	60.0	1,993
Oman	1,331	99.0	1,318
Qatar	316	95.0	300
Saudi Arabia	14,789	99.0	14,641
Syria	11,307	87.0	9,837
Turkey	51,390	99.2	50,979
United Arab Em.	1,437	90.0	1,293
Yemen, N.	6,533	99.0	6,468
Yemen, S.	2,351	99.0	2,327
Middle S. Asia	1,112,409	30.9	343,382
Afghanistan	14,184	99.0	14,042
Bangladesh	107,088	82.9	88,776
Bhutan	1,476	5.0	74
India	800,326	10.9	87,236
Iran	50,408	98.0	49,400
Maldives	196	100.0	196
Nepal	17,814	5.0	891
Pakistan	104,601	97.0	101,463
Sri Lanka	16,316	8.0	1,305
S.E. Asia	420,980	37.1	156,185
Brunei	249	64.0	159
Burma	38,822	3.6	1,398
Indonesia	174,882	80.0	139,906
Kampuchea	6,536	2.4	157
Malaysia	16,069	49.0	7,874
Philippines	61,525	5.6	3,445
Singapore	2,616	18.3	479
Thailand	53,646	4.0	2,146
Vietnam	62,177	1.0	622
E. Asia	1,275,328	1.2	15,822
China	1,062,000	1.5	15,505
Hong Kong	5,601	0.5	28
Mongolia	2,011	9.5	191
Taiwan	19,575	0.5	98
Americas	690,256	0.3	1,924
N. America	269,746	0.6	1,618
Canada	25,868	0.6	155
United States	243,760	0.6	1,463
Latin America	420,510	0.1	307
Middle America	108,968	0.1	102
Panama	2,274	4.5	102
Caribbean	32,191	0.3	81
Trinidad & Tobago	1,251	6.5	81
Tropical S. Amer.	232,375	0.1	123
Guyana	766	9.0	69
Suriname	386	14.0	54
Temperate S. Amer.	46,976	–	–
Europe	495,313	1.8	8,841
N. Europe	83,506	1.0	796
United Kingdom	56,838	1.4	796
W. Europe	155,654	0.4	625
Belgium	9,873	0.7	69
France	55,637	1.0	556
E. Europe	112,551	1.1	1,261
Bulgaria	8,961	11.0	986
Romania	22,942	1.2	275
S. Europe	143,602	4.3	6,159
Albania	3,086	70.0	2,160
Greece	9,988	2.5	250
Yugoslavia	23,431	16.0	3,749
USSR	284,008	17.3	49,133
Oceania	25,268	0.2	58
Fiji	729	8.0	58

Note. This table includes all regions, and a total of 100 countries with populations containing 0.5 percent or more Moslems.
Source. Population Reference Bureau, Inc., and Richard V. Weekes, *Muslim Peoples: A World Ethnographic Survey.*

As a result, they prohibit abortion after that stage.

Hanafi jurists permit abortion until the end of the fourth month, but not without a specific reason, such as breastfeeding a child. Most Maliki jurists absolutely prohibit abortion. A small minority of the Malikis permit abortion of the young embryo of 40 days or less. Many Shafe'i and Hanbali jurists allow abortion, some putting an upper limit of 40 days after conception for a legal abortion, others 80 days or 120 days.

Abortion is permitted only in life-threatening medical situations in Afghanistan, Bangladesh, Iran, Indonesia, Iraq, Lebanon, Pakistan, Saudi Arabia, Syria, Yemen, Libya, Mali, Mauritania, and Senegal. A few countries such as Egypt, Albania, Kuwait, and Morocco authorize abortion on broader medical grounds. Turkey and Tunisia permit abortions on request but with an upper limit on the age of the fetus.

Continued on next page

Demographer's Page

Continued from preceding page

If contraception is so clearly allowed under Islam, why is the rate of contraceptive use so low among Moslem populations?

A recent study of contraceptive attitudes in Bangladesh, conducted by the Program for the Introduction of Appropriate Contraceptive Technology, has shown that 99 percent of Bangladeshi women know of at least one efficient method of contraception, although only 40 percent of couples are willing to accept family planning.

More Children, Greater Security

The women were asked to give their views on why family planning was not widely accepted. The overwhelming majority of participants in the study mentioned "religious objection to contraception." (Husband's objection was another reason given.)

This seeming contradiction between Islamic teaching and Moslem's actual practice can be reconciled by taking into account the intermediate variable: the status of women in Islam. The subordinate position of women is the major obstacle in the success of family planning programs.

The rights that Islam originally granted to women included: forbidding the custom of female infanticide, limiting the number of wives to four, and giving women some rights of inheritance. These rights for women, which in the seventh century represented a major improvement, are not necessarily sufficient for Moslem women in the 20th century. Lack of education for women remains widespread in the Moslem world and is certainly a factor in high fertility of many Moslem populations.

In Islam a man can divorce his wife any time and for any reason he wishes to, as long as a witness is present. The wife does not have to be present or even be informed. The ease with which a wife can be divorced places her in a position of considerable insecurity. The greater the number of sons, the more secure her family position and future.

The reflection of the double moral standards inherent in a patriarchal

Continued on next page

LETTER TO THE EDITOR

I am writing in response to your column questioning the value of the remarriage rate ("From the Editor's Desk," *Population Today*, November 1987).

I agree that a single remarriage rate, which combined both widowed and divorced men and women, would be difficult to interpret. However, remarriage rates that are specific for sex and previous marital status are very informative and show interesting divergences from the crude marriage rate.

The National Center for Health Statistics (NCHS) has published remarriage rates for divorced and widowed men and women since 1963. From these rates it can be seen that the likelihood of remarriage has been consistently higher for men than women, but that the differential is narrowing. Specifically, men's remarriage rates after divorce were 66 percent higher than women's in 1965, 62 percent higher in 1975, and 49 percent higher in 1985.

Next, from these rates it can be seen that the rates of remarriage for both men and women turned definitely and persistently downward after the early 1970s. Specifically, the rate of previously divorced men fell 47 percent from 230.7 remarriages per 1,000 previously divorced men in 1971 to 121.6 in 1985. The rate for previously divorced women fell 38 percent from 132.8 remarriages per 1,000 previously divorced women in 1971 to 81.8 in 1985.

From these rates, we also know that divorced men are 2½ times more likely to marry than single men. In 1985 the rate for divorced men, 121.6, was more than twice as high as the 50.1 rate of marriage for single men. For women, differentials by marital status showed the same relationship but the marriage rate for divorced women, 81.8, was only one-third higher than the 61.5 rate for single women.

When remarriage rates are further controlled for age, the rates show other complex trends that are discussed in the *Advance Report of Final Marriage Statistics* published annually by NCHS. I would be happy to send the rates or our publications to your readers. Surely the remarriages by sex and age are of great relevance during a historical period when so many Americans divorce and remarry.

Barbara Foley Wilson
Statistician
Marriage and Divorce Statistics Branch
NCHS
3700 East-West Highway
Hyattsville, Md. 20782

POSITIONS/ PROFESSIONALS

Research Associate, Population Studies and Training Center, Brown University, beginning September 1988. The position has a minimum duration of two years, and is renewable contingent on availability of funds. Applicants should have a PhD in one of the social sciences and provide evidence of a strong commitment to demographic research. Occasional opportunities to teach a graduate seminar may also be available. Send curriculum vitae, statement of research interests and capabilities, and three letters of recommendation to: Prof. Thomas Espenshade, Chair of Search, Population Studies and Training Center, Box 1916, Brown University, Providence, R.I. 02912. Applications received before April 4, 1988, will be given first consideration, but the position will remain open until filled. Brown University is an Affirmative Action/Equal Opportunity Employer and encourages applications from members of protected groups.

Demographer's Page

Continued from page 8

class society can be seen in the customs of veiling, seclusion, and segregation of the sexes. Women are not permitted to be judges. In Islamic courts the testimony of two female witnesses is equal to the testimony of one male witness. A daughter inherits half of what a son inherits. But the sharia obliges a son to support his mother and unmarried sisters in illness and old age.

Islam allows girls and boys to marry as early as 9 and 15 years of age, respectively. Although they rarely marry that young any longer, Moslem women still marry relatively early. Average age at first marriage for Bangladesh women was 16.7 years in 1981.

The extent to which Moslems are ruled by Islamic law is different in different countries. In some countries, such as the USSR, all the Islamic laws are ignored. In some countries some are ignored, e.g., polygamy is illegal in Turkey and Tunisia. Many countries outlaw early teenage marriage. In others, such as Saudi Arabia and Iran, Islamic law is the law of the land.

Just the same, a number of Moslem countries have active national family planning programs. Examples and their prevalence rates include: Egypt 30 percent (1984), Indonesia 28 percent (1985), Lebanon 53 percent (1983), Morocco 26 percent (1983-84), Pakistan 9 percent (1984-85), Tunisia 41 percent (1983). Whether other, rapidly growing Moslem countries will feel the need to increase family planning activities remains to be seen. □

References

International Planned Parenthood Federation, *Islam And Family Planning*, 1974

A. Y. Choudhury, S.R. Choudhuri, M.N. Hug, A.R. Khan, "The Way Ahead for Family Planning in Bangladesh," World Health Organization, *World Health Forum*, Vol. 8, No. 3, Geneva, 1987.

B. F. Musallam, *Sex and Society in Islam, Birth Control Before the Nineteenth Century*. Cambridge, England: Cambridge University Press, 1983.

Christopher Tietze, Stanley K. Henshaw, *Induced Abortion, A World Review 1986*. The Alan Guttmacher Institute.

United Nations 1987 World Contraceptive Use.

Richard V. Weekes, *Muslim Peoples: A World Ethnographic Survey*, Greenwood Press, 1984.

SOFTWHERE

World is a stand-alone database program that provides basic national data for nearly all countries of the world.

World runs on an IBM PC or compatible and is completely menu driven. The opening menu lets you choose country names and capitals, check country spelling (particularly useful), geography (limited in description to world regions), sovereignty, and vital statistics. The vital statistics menu has two choices: vital statistics and population. The vital data include life expectancies by sex, birth, death, infant death, and fertility rates. The population menu selection displays the official country name, population, rank, total area, and density. The detail is sufficient to show that Pitcairn Island actually has a capital, Adamstown, a total island population, 66, and ranks 255th in the world.

This program is useful for elementary grades on up. For a quick reference or as a supplement to a map or globe, World can't be beat. However, for rigorously current data it would be wise to consult other sources.

World is available from Lone Star Software, a shareware distributor, for $6.00 (specify World Disk #668). Contact Lone Star Software Inc., 2100 Hwy 360, Suite 1204, Grand Prairie, Tex. 75050.

— D.L.

POPULATION UPDATE

Estimated United States Population:

As of November 1, 1987	244,612,000
As of November 1, 1986	242,406,000

The above estimates include armed forces overseas and are from U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 1015.

Estimated World Population:

As of March 1988	5,091,000,000
Annual growth	87,000,000

Estimated by extrapolation from the mid-1987 population on PRB's *World Population Data Sheet*.

Latest Provisional Statistics for the U.S.: November 1987

	12 months ending with November					
	Number		Rate			
Item	1987	1986	1987	1986	1985	1984
Live births	3,812,000	3,739,000	15.7	15.5	15.8	15.6
Deaths	2,121,000	2,102,000	8.7	8.7	8.8	8.6
Natural increase	1,691,000	1,637,000	7.0	6.8	7.0	7.0
Marriages	2,407,000	2,387,000	9.9	9.9	10.2	10.5
Divorces	1,159,000	1,158,000	4.8	4.8	5.0	4.9
Infant deaths	37,800	39,000	9.9	10.5	10.5	10.6
Population base (in millions)			243.1	240.8	238.1	235.9

Note. Rates are given per 1,000 population, except for infant deaths, which are given per 1,000 live births.

Source. Monthly Vital Statistics Report (Vol. 36, No. 11) from the National Center for Health Statistics.

AIDS

Continued from page 4

vice to those who tested HIV-positive. For better or worse, this responsibility would be moot in an anonymous survey.)

High Risk vs. Low Risk

Yet another numerator/denominator mystery is the size of the population at high risk of contracting the HIV virus, versus the size of the low-risk U.S. population (i.e., the remainder of the population). HIV prevalence is certainly very different between the high-risk and low-risk groups. How different is impossible to tell until a survey can determine their respective sizes.

These groups are hard to measure for many reasons. As for quantifying the homosexual and bisexual population, little progress has been made since the Kinsey report of the 1940s, whose survey of sexual behavior is still quoted in the 1980s for lack of any more recent statistics.

One possible approach might be to give respondents a global list of risk behaviors and ask them whether they fall into *any* of the categories, rather than compel them to reveal specific behaviors.

Undoubtedly, any kind of AIDS survey will be hard to conduct. But as one researcher puts it: "If you could get a population for the high-risk group, a population for low-risk, and HIV prevalence rates for each, then you'd really have something."

– A.H.

Frey named Visiting Scholar

William H. Frey has been named PRB's Andrew W. Mellon Foundation Visiting Scholar for the fall term of the 1988-1989 academic year, beginning September 1988.

Dr. Frey, Mellon Research Scientist and Research Associate at the Population Studies Center at the University of Michigan, is co-author of the forthcoming 1980 Census Monograph volume on regional and metropolitan growth in the United States. His work at PRB will focus on the political and economic implications of recent and projected changes in the racial/ethnic composition of the nation's largest cities.

TAKE A NUMBER

A Boom at the Polls: The baby boomers continue to swell the ranks of the U.S. voting age population, according to the latest Census Bureau projections. About 183 million Americans will be of voting age by November 1988, 8 million more than during the 1984 elections. About 11 percent will be black and 7 percent Hispanic, says the report. But if past trends are any indication, only about half of those eligible will actually show up at the polls on Election Day to exercise their civic right. Voter participation since 1930 peaked with the 1960 (Kennedy-Nixon) presidential election in which 62.8 percent cast a vote. That came down to 53.1 percent during the 1984 landslide reelection of Ronald Reagan (but only 33 percent of the voters cast a vote for U.S. Representative that year).

And, After 1990...: The U.S. decennial census's *raison d'etre* is, of course, the allocation of seats in the House of Representatives. Based on likely trends in state population growth or decline, the following good and bad news can be anticipated: projections run by PRB's William O'Hare indicate that the "Sunbelt" states of the South and West will take 15 seats from their "Rustbelt" counterparts, with California and Florida garnering an extra 6 and 4 seats, respectively. New York's projected loss of 3 seats leads the losers, while Ohio, Pennsylvania, and Illinois would drop 2 each. Some states stand to lose a large percentage of their Congressional delegations. West Virginia would lose 1 of its 4 representatives and Montana, with only 2 at present, would see its number cut in half. Ouch!

Interestingly, O'Hare's projections indicate that an adjustment for minority undercounts in the census, hotly debated at present, would make little difference in House apportionment. Adjusting the black undercount for as much as 5 percent, for example, would cause only Georgia to pick up an additional seat – a gain of 2 seats rather than 1, with that seat taken from California's unadjusted gain of 6. But California would still wind up with 50 seats and could probably tolerate the loss.

– C.H.

ADDENDA

BABY BOOMER CLASSICS™

Talkin' 'bout my generation A new record label includes such nostalgic anthologies as "Rockin' Sixties," "British Sixties," "Mellow Sixties," "Soul Sixties," and (inevitably) "Surfin' Sixties." A mere 19 years from now, Baby Boomer Classics can unload its unsold LPs with a slight title change: "Rockin' Music for Those in Their Sixties" etc.

CURRENT READINGS

PRB welcomes materials on population topics for possible inclusion in Current Readings. Publishers may address review copies to Book Review Editor, POPULATION TODAY, Population Reference Bureau, 777 14th St., N.W., Washington, D.C. 20005.

CHINA'S CHANGING POPULATION, by Judith Banister. Stanford, Calif.: Stanford University Press, 1987. 488 pages, $49.50. ISBN 0-8047-1155-0.

Before the 1980s, the information flow about the world's largest national population was a trickle. With the 1982 Census and a series of subsequent surveys, that trickle turned into a flood of data. The statistical outpouring came during China's one-child family planning push and the data have been at the heart of recent controversy about China's population policy. *China's Changing Population* provides a detailed and perplexing interpretation of demographic trends since the founding of the People's Republic in 1949.

The volume's 10 chapters review major population themes: health, morbidity, and mortality; internal migration and population distribution (though nothing on urbanization, for which data remain scarce); and marriage, fertility, and family planning. There is also an extended assessment of the quality of data, which are considered good to excellent depending on the variable in question. The study is rich in data (nearly 80 tables), and documentation (71 pages of notes and references) and ends with a prospective overview.

The study's main focus is the decline of fertility from nearly 6 births per woman in the 1950s to just over 2 in the 1980s, and the family planning policy that brought it about. The author goes to considerable length to document the coercive features of the one-child policy, including compulsory sterilizations and abortions. Her assessment of it is strongly critical and extends even to western demographers who gloss over the coercion.

Future demographic implications of the one-child program are compared to what might occur in the absence of reproductive compulsion, with the suggestion that the latter would not be inconsistent with a better life for future generations of Chinese. At the same time, the reader is left pondering a more basic question about what "voluntarism" really means in a society in which the relation between the state and individuals is so different from our own.

– Thomas W. Merrick

Family Demography: Methods and their Applications, edited by John Bongaarts, Thomas Burch, and Kenneth Wachter. International Studies in Demography, International Union for the Scientific Study of Population. New York: Clarendon Press, Oxford University Press, 1987. 365 pages. $72.00. ISBN 0-19-829501-4

The radical changes in the composition, size, and number of U.S. families and households over the past quarter-century have fueled the growing appreciation of the importance of the family and its life cycle, as distinct from an individual's passage through life. And there has been methodological progress to aid analysis of families, households, and kinship networks. This book presents recent approaches to the problems in the field and constitutes a summary of the state of the art in family demography.

The book deals with measurement and estimation, the family life cycle, multistate life tables, kin models, and household projection, with reports from prominent researchers in America, Europe, and Japan.

Multistate life tables and projections are featured, based on viewing life events as transitions from one state to another, i.e., single to married, married to divorced, childless to parent, and so on. The multistate framework of matrix algebra and notation pioneered by Andrei Rogers is represented here by Frans Willikens with a marital-status life table; Thomas Espenshade on American female marital status, with different experiences in the black and white population, from data in the June 1980 CPS; Sandra Hofferth on children's living arrangements at various ages, from a longitudinal study on income dynamics; and John Bongaarts on a family status life table to model family characteristics and proximate determinants such as fertility, mortality, first marriage, divorce, remarriage, and children's departure from home. Bongaarts uses the computer program FAMTAB for analysis; the others use the computer program developed by Rogers and Willikens.

In his introduction, Nathan Keyfitz notes four difficulties: the many types of family groups, heterogeneity, lack of independence in inputs, and the spread of nonmarried cohabitation. Acknowledging these and other problems, Norman Ryder notes the "rich array" of alternative models to study the household, which "is for many purposes the meaningful production and consumption unit." Ryder believes "any projection of the developments of the past decade would suggest that the discipline [family demography] is not far from achieving maturity, although the complexity of the subject prohibits any expectation of imminent closure." This book gives a good picture of why he can say that.

– Roberta Yared

SPOTLIGHT

MALAYSIA

Population (1987 est.): 16.1 million
Land area: 127,316 sq. miles
Births per 1,000 pop.: 31
Deaths per 1,000 pop.: 7
Rate of natural increase: 2.4 percent
Total fertility rate: 3.9 children per woman
Infant mortality rate: 30 (infant deaths per 1,000 live births)
Life expectancy at birth: 67 years
GNP per capita: $2,050
Capital: Kuala Lumpur

by Wendy Patriquin

Situated in Southeast Asia, the federation of Malaysia consists of 13 states, 11 of which make up Peninsular Malaysia on the southern part of the Malay peninsula. Sabah and Sarawak – the two other provinces which contain 20 percent of the population – lie 600 miles east across the China Sea, on the north coast of the island of Borneo.

Ethnically, Malaysia can be divided into several distinct groups which have never really mingled into a single nationality. Among these groups indigenous Malays are the most numerous (about 50 percent of the population). The unique characteristics of this group are that they are Moslem, rural, and usually have a lower economic status. Chinese make up the second largest group of Malaysians, nearly one-third of the population. This group possesses considerable economic power because they are active in trade, business, and finance. About 10 percent of the population is of Indian descent. This is a highly professional group and also very active in agriculture and the service trades.

All of this diversity would lead one to believe that there is little cohesion in Malay society, yet 85 percent of the population speaks Malay, the national language. English is normally used in government and business.

During the past two decades, Malaysia has experienced remarkable economic growth. Traditional exports – tin, rubber, palm oil, and timber – grew in volume and value during the 1970s, while the petroleum sector expanded so rapidly that it now accounts for one-quarter of all exports.

Rubber has always been an important export item, although petroleum and palm oil now exceed rubber in export earnings.

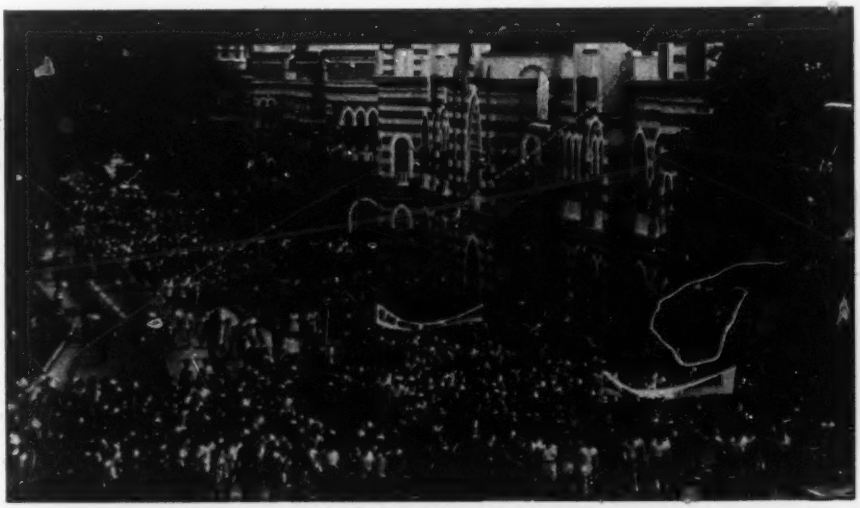
One reason for Malaysia's rapid economic growth is the government's promotion of industrialization and foreign investment. The goal of its 20-year economic plan, implemented in 1971, is to eradicate poverty and eliminate the identification of race with economic function that is so prevalent in Malaysia. The general plan is to expand equity, employment, and educational opportunities for the economically disadvantaged ethnic Malays and other indigenous groups. Eventually, it is hoped that employment will be identically structured across ethnic groups.

The 1982 contraceptive prevalence survey found 42 percent of currently married women 15-44 using contraception. Life expectancy is long and infant mortality low for a less developed country.

The Malaysian government considers the current rate of natural increase to be satisfactory. However, in 1984 it adopted an ambitious population policy to more than quadruple its population by 2100, to 70 million. It plans to do this by instituting pronatalist incentives to help retard the national growth rate's fall. In this way, it is hoped that the country would be most of the way to reaching its new population goal by the time fertility declined to replacement level.

The government's rationale for more population growth: A larger domestic population could better support industrial growth that might otherwise be stymied by "protectionist policies practiced by developed countries."

The incentives to encourage fertility include income-tax deductions and maternity benefits for women who have up to 5 children. Simultaneously, however, the government also supports a broad network of family planning services, as well as maternal and child health programs, and programs to improve education level and the status of women, all of which would be expected to encourage further decline in Malaysia's birth rates.



Embassy of Malaysia

Mohammed's birthday being celebrated in Kuala Lumpur